

## APPENDIX B

### Advanced Payment

#### Grant Expenditure Supporting Documentation Checklist

The checklist contains the items that must be submitted after advanced payment funds have been expended. Please use the checklist to ensure that the advanced payment supporting documentation is complete.

##### Documentation to be submit grant funds have been expended:

##### \_\_\_\_\_ **Advanced Payment Grant Expenditure Report Form – Appendix D** (WORD format)

Please complete the form and include the name of the program, the SWIFT purchase order number (300000XXXX), the sequence of the advanced payment (for example, the first payment would be #1), and the period of time the payment request covers.

This document must be dated and signed by an appropriate grantee representative.

##### \_\_\_\_\_ **Budget Expenditure Spreadsheet – Appendix E** (Excel format)

The Budget Expenditure Spreadsheet is a detailed accounting of the grantee's itemized expenditures compared with the original, grantee budget (Column A).

##### \_\_\_\_\_ **Supporting Documentation**

Submit copies of receipts, invoices, mileage logs and signed payroll records. This information is required to determine what part of the program the expenses are being directed to.

##### \_\_\_\_\_ **Travel and Meal Log(s) – Appendix F** (Excel format)

Grantees will submit a completed Travel Log when specified in the Grant Agreement.

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##### \_\_\_\_\_ **Final Report** (narrative describing the Grant Outcomes)

The Final Report format is as specified in the grantee's Grant Agreement.

##### \_\_\_\_\_ **Organization Compliance Report (submitted with the Final Report) – Appendix G**

A statement by the grantee certifying the grant funds were expended according to State specifications.

**APPENDIX D**  
**Advanced Payment Grant Expenditure Report Form**

<b>SWIFT PO Number:</b>	<b>Grantee:</b>	<b>Program Name:</b>
<p><b>Payment Number</b></p> <p>_____</p> <p>Period for which advanced payment funds were expended:</p> <p>From: _____/_____/_____</p> <p>To: _____/_____/_____</p> <p>Amount for which advanced payment funds were expended:</p> <p>\$ _____</p> <p>Final Request: Y / N</p>	<p><input type="checkbox"/> I certify that I am authorized to report these grant expenditures, and that all services rendered, materials purchased, and expenditures reported are as shown within the attached supporting documentation. <u>I certify that the expenditures reported have not been reimbursed from another source, and were used exclusively for this program.</u> Copies of these supporting documents are attached as required by the MDVA Grants Manual (Ref. Section IV.).</p> <p>Note: All original documentation (e.g. receipts, invoices, proof of payment, and signed payroll records) will be retained by the grantee as required by the MDVA Grants Manual (Ref. Section V.)</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____ Signature</p> <p>_____ Name, Title</p> <p>Daytime Phone Number: _____</p> <p>e-Mail: _____</p> </div> <div style="width: 35%;"> <p>_____ Date</p> </div> </div>	
<p>Remarks:</p> <p>_____</p>		

**For MDVA Use Only**

<p>I have reviewed the evidence provided by the grantee for the goods, materials and/or services presented and they satisfy State requirements for this agreement.</p>	
<p>Reimbursement approved for: \$ _____</p> <p>By: _____</p> <p>Title: _____</p> <p>Date: _____</p> <p><b>2nd Review</b></p> <p>By: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<div style="border: 1px solid black; height: 200px; width: 100%; margin-top: 10px;"></div>

Please keep originals of invoices and evidence of payment as documentation for payments, along with a copy of this completed form. Records must be retained for six (6) fiscal years from the end of the agreement.